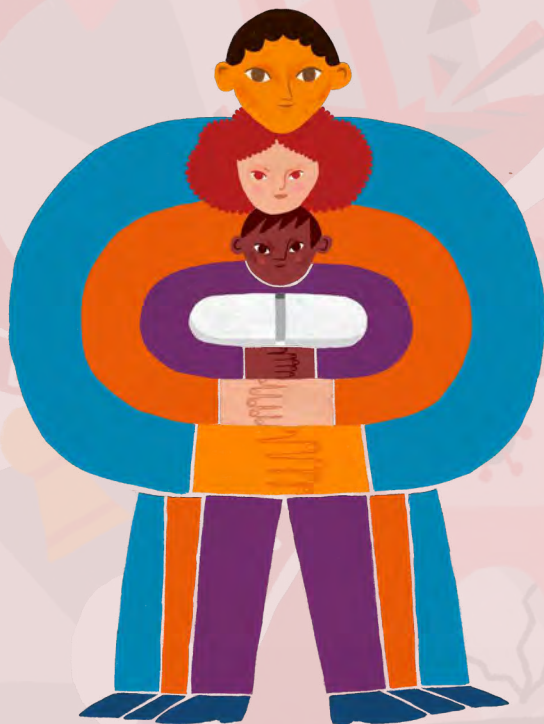


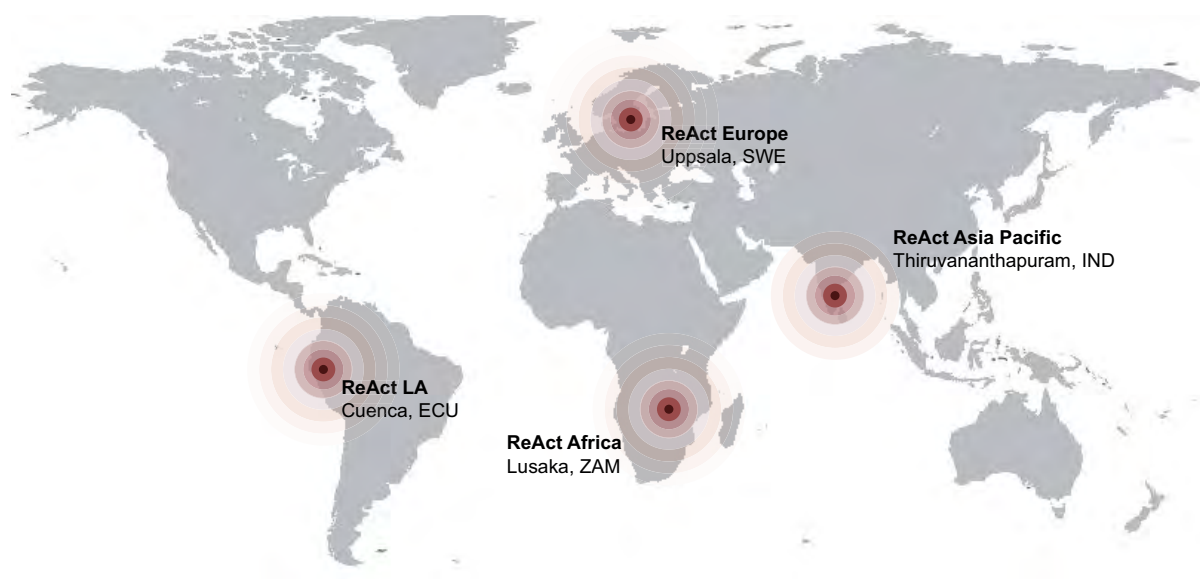


Addressing antibiotic resistance in an era of polycrisis

Strategic plan 2027-2030

ReAct - Action on Antibiotic Resistance

ReAct - a global network



About ReAct - Action on Antibiotic Resistance

ReAct is a global network established in 2005 to catalyze a strong global response to antibiotic resistance through research, advocacy, implementation and collaboration with policymakers, international organizations, civil society and communities. We strive to drive political, economic, and social action, that puts equity and sustainability at the center, to preserve antibiotics for future generations.

ReAct works across the European, African, Asia-Pacific and Latin American regions coordinated from offices in Sweden, Ecuador, India, and Zambia. ReAct is independent and does not accept funding from the pharmaceutical industry.

Our vision

A world free from untreatable infections

Our mission

To accelerate collective action by bridging science, policy, and lived experience for a more sustainable and equitable response to antibiotic resistance across sectors.

Our values

- **We** believe that sustainable access to effective antibiotics is part of everyone's right to health, and understand antibiotic resistance as an issue of global development and equity.
- **We** view effective antibiotics as an essential global public good and as a potentially non-renewable resource to safeguard through global collective action.
- **We** advocate for context-specific solutions to account for the diversity of systems of healthcare delivery and food production, cultural practices, resource availability, and geography.
- **We** promote an ecosystem and One Health approach to antibiotic resistance with an understanding of the essential role of microbes and microbial ecology in the health of humans, animals, and the planet.
- **We** are independent and do not accept any financial support from the pharmaceutical industry.



Table of content

6	Antibiotic resistance at a glance
8	Addressing antibiotic resistance in an era of polycrisis
10	Theory of change
12	ReAct's strategic focus 2027-2030
14	Strategic objective 1: Infection prevention, access and stewardship
18	Strategic objective 2: Food systems reform
22	Strategic objective 3: Governance and financing



ANTIBIOTIC RESISTANCE at a glance

Since the discovery of penicillin a century ago, antibiotics have saved millions of lives. Many of modern medicine's important advances, such as improved cancer treatment, transplants, and preterm infant survival, are only possible because effective antibiotics prevent or treat bacterial infections. Yet decades of excessive use and reckless management of antibiotics have accelerated the natural ability of bacteria to evolve and develop resistance to the effects of antibiotics. As a consequence, many bacterial infections have once again become difficult — and sometimes impossible — to treat. Antibiotic resistance currently causes the loss of over 1 million lives every year, with projections warning that if current trends persist, it will cause 39 million deaths over the next 25 years.

Today, most deaths from antibiotic resistance occur in low- and middle-income countries (LMICs), who often lack the means to prevent and respond to the problem. South Asia and sub-Saharan Africa have the highest mortality rates from antibiotic resistance at present, and this is projected to continue into 2050. Latin America and the Caribbean could experience some of the steepest climbs in mortality globally. In LMICs, the situation is further compounded by a persistent lack of access to affordable and effective antibiotics, a problem which causes millions of avoidable and unnecessary deaths on top of those caused by antibiotic resistance.

The economic costs of the unabated development and spread of antibiotic resistance are projected to deplete the gross domestic product (GDP) of LMICs by an average of 6% by 2050. Alongside the significant healthcare expenses due to longer hospital stays, complex treatments, and reduced productivity across sectors, these economic impacts carry the risk of pushing millions of people into poverty in LMICs, undoing decades of global efforts to reduce poverty.

While high-income countries - for the time being - have comparatively lower rates of antibiotic resistance, their problem is also worsening and is compounded by an aging population, which means a greater number of more at-risk older citizens. According to the European Centre for Disease Prevention and Control, some infections resistant to certain last-line antibiotics have increased by 60% in the EU since 2019. The estimated costs of antibiotic resistance in the EU are already estimated by the Organisation for Economic Co-operation and Development (OECD) to be 11.7 billion euros annually due to the additional health expenditure and lost workforce productivity. For all the above listed reasons, antibiotic resistance remains one of the most urgent crises to tackle worldwide.

Understanding antibiotic resistance

Antibiotic resistance is a natural phenomenon whereby bacteria evolve the capacity to withstand the effects of antibiotics. This evolution is being exacerbated by the excessive overuse and misuse of antibiotics in multiple domains. In medicine, people regularly use antibiotics unnecessarily or inappropriately. Antibiotics are overused and misused in livestock, aquaculture, and agriculture. Pharmaceutical production and wastewater plants are all sources of antibiotic releases into the environment.

Poor infection prevention practices and deficient water, sanitation, and hygiene (WASH) infrastructure fuel the spread of antibiotic-resistant bacteria in healthcare settings, farms, communities, and throughout the environment. The movement of people, animals, and goods across borders through travel and trade facilitates the global spread of resistant bacteria.

The development of new antibiotics to replace those that no longer work has stalled for almost four decades due to unresolved scientific and economic challenges. A systemic lack of long-term investment and structural research and development reform in both the public and private sectors prevent the development of concrete solutions to these challenges.

Antimicrobial resistance (AMR) is a broad term that includes antibiotic resistance (ABR), but also includes resistance to antivirals, antifungals, and antiparasitic. ReAct works only on antibiotic resistance.

People in LMICs

are 1.5 times more likely to die from antibiotic resistance than people in high-income countries

Addressing antibiotic resistance in an era of polycrisis



Tackling **antibiotic resistance** effectively requires comprehensive, generational investments on a global scale. Yet such efforts are increasingly challenging today because **the world is engulfed in a polycrisis** — multiple crises happening simultaneously - demanding urgent action. These crises are all unprecedented in scale and severity, and they are interconnected. In other words, each crisis makes the other crises worse.

Efforts to address the climate crisis are under threat or rapidly traveling backward. Consequently, it is now likely that the world will exceed the 1.5°C limit set under the Paris Agreement as early as 2030. Antibiotic resistance is impacted by the climate crisis and a warmer climate through multiple pathways: warmer temperatures can accelerate bacterial mutation rates and facilitate the spread of resistant genes; higher frequency of flooding leads to the spread of bacteria and an increase in bacterial infections in affected populations; droughts and other extreme events can damage water and sanitation infrastructure with negative effects on infection prevention; and warmer, wetter conditions can affect how long antibiotics and resistant genes persist in soil and water.

Following decades of a global peace dividend, **the number of armed conflicts worldwide is at an all-time high**. As a result, 2 billion people worldwide now live in countries affected by conflict, with global migration flows increasing as a result. Armed conflicts often result in injuries, displacement, strained or sometimes decimated health systems and infrastructure, crowded conditions with poor hygiene in camps for refugees and internally displaced people, and widespread lack of access to medicines and clean water. All these factors limit infection prevention efforts and fuel both the development and spread of antibiotic resistance.

Inequality has reached historic highs and is translating not just into grinding poverty, but also political inequality that often manifests through governments prioritizing the needs of the wealthy and influential over the broader population. Inequity is both a driver and a consequence of antibiotic resistance. When disadvantaged and vulnerable minority groups lack access to quality health services, they may turn to practices of self-medication and inappropriate uses of antibiotics as their only option. They often also live and work in settings that expose them to higher risks of contracting antibiotic-resistant infections. In turn, antibiotic resistance worsens inequity since its consequences are more likely to have a devastating social, economic, and health impact on the poorest and most disadvantaged. As such, it is crucial that future responses to antibiotic resistance from governments, the private sector, and other

relevant stakeholders take into account the reality of communities and vulnerable populations, and importantly, that these responses avoid reinforcing drivers of inequality.

Global development assistance and global health funding are diminishing even as health systems and economies in **LMICs are mired in an unprecedented debt crisis** that has undermined their ability to recover from the COVID-19 pandemic and invest in sustainable development. Recent data from the UN's trade and development agency (UNCTAD) show that 3.4 billion people live in countries that pay more to service debt to foreign creditors than they spend on health and education. Just 18% of the Sustainable Development Goals (SDGs) are on track to meet their 2030 deadline; the remaining goals are falling behind due to collective underfunding and inadequate political commitment. The major cuts to development aid carried out by many rich countries in recent years mean that LMICs, who have already struggled to invest in their health and food systems to address antibiotic resistance, may now have even fewer financial resources at their disposal to make the necessary investments.

Despite the challenge of multiple global crises demanding urgent, coordinated, and collaborative international action, **countries are increasingly turning away from UN-led multilateralism** and the global rules-based order. Instead, collaboration is trending toward smaller-scale regional or even bilateral agreements shaped by countries' own interests, which may deprioritize global commons issues, health, development, environmental protection, sustainable development, and poverty reduction. Simultaneously, the civic space for non-governmental organizations and community groups to act and engage in dialogue with governments is in decline, resulting in a "democratic deficit" spreading around the world.

Governments adopted a number of targets in the 2024 UN Political Declaration of the High-Level Meeting on Antimicrobial Resistance (AMR), including an ambitious overarching goal to **reduce global mortality from antibiotic resistance by 10% by 2030**. Achieving this target in an era of polycrisis will require rethinking pathways to create initiative and build political will - globally, nationally, and locally — to reform systems and structures. Simultaneously, sustainable change can happen when small actions are taken by many. Increased focus on empowering broader society to collectively take responsibility for protecting the effects of antibiotics will be imperative for developing an accelerated, sustainable, and equitable response to antibiotic resistance.



Theory of change

Baseline Assumptions:

- Antibiotic resistance is one crisis within the ongoing polycrisis, which worsens and is worsened by the other ongoing crises - as such, antibiotic resistance is a societal and political challenge, not just a technical or clinical one.
- In the context of a polycrisis, increased action on antibiotic resistance is most likely to occur when policies to address antibiotic resistance align, synergize with, or directly respond to other major crises such as climate change, conflict, or inequality.
- Sustainable change requires effective engagement and action across all relevant sectors and all levels of society.
- Communities and civil society are essential agents of change and are central to sustaining change - they are not passive beneficiaries.
- In times of misinformation and distrust, policy change must be informed by both scientific evidence and lived experience.
- Evidence alone is never self-executing, narratives and power dynamics matter, and how antibiotic resistance is framed influences political will, priorities, and solutions.
- Equity and access are central elements of effective, just, and legitimate responses to antibiotic resistance.

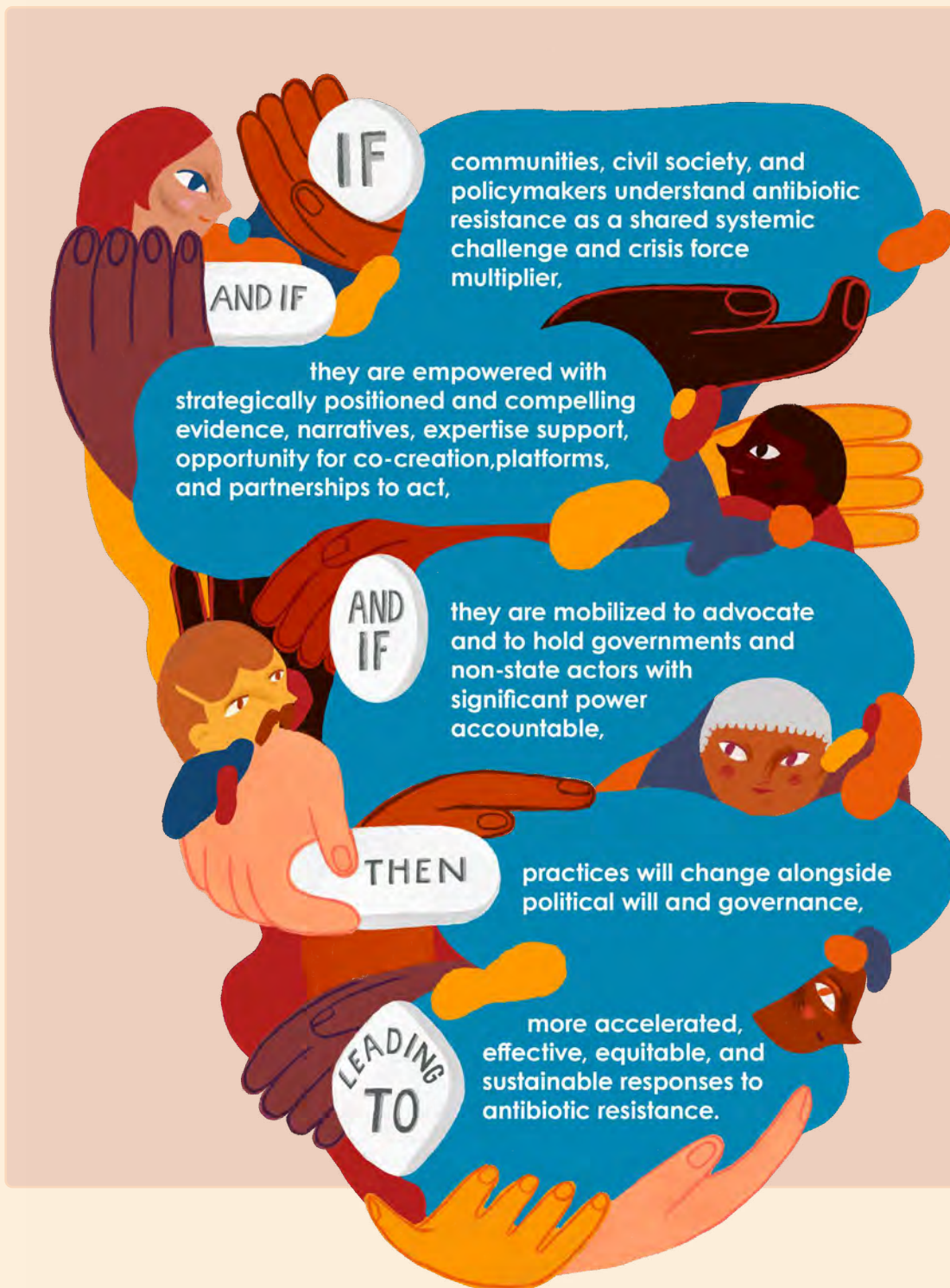
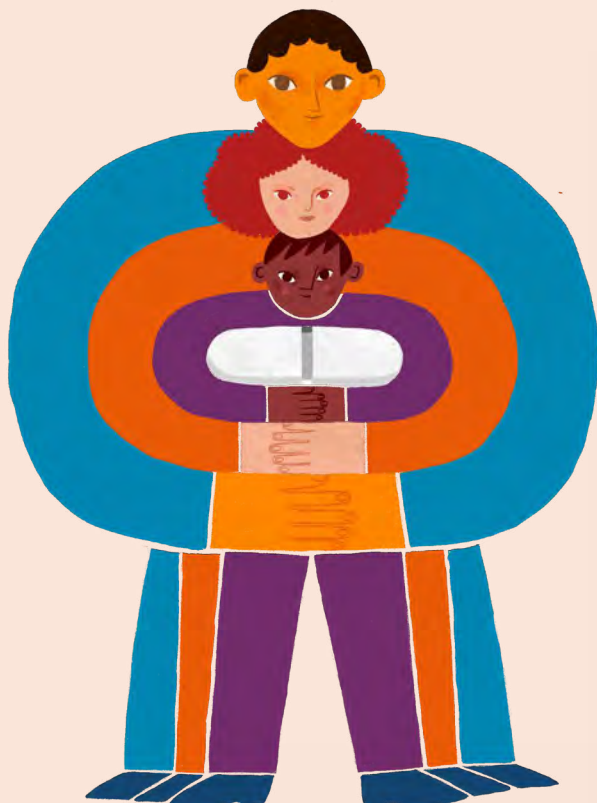


Illustration: Knok

ReAct's strategic focus

2027-2030



Overarching goal 2027-2030

An equitable and effective response to the escalating crisis of antibiotic resistance that takes a 'whole-of-society' and 'One Health' approach to preserve the effectiveness of antibiotics and save lives.



Infection prevention, access and stewardship

Strategic objective 1:

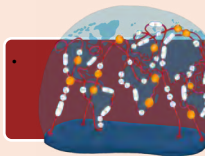
Mechanisms, initiatives, and policies that ensure infection prevention, antibiotic stewardship, and equitable access to antibiotics, diagnostics, and other health technologies relevant for mitigating antibiotic resistance are established.



Food systems reform

Strategic objective 2:

Food systems transition toward sustainable practices that reduce antibiotic use, protect farmer livelihoods and ecosystems, and ensure food justice.



Governance and financing

Strategic objective 3:

Global, regional, and national governance is sustainably funded, inclusive, and strengthened through increased political will and broad societal engagement on antibiotic resistance.

Infection prevention, access and stewardship

Strategic objective 1:

Mechanisms, initiatives, and policies that ensure infection prevention, antibiotic stewardship, and equitable access to antibiotics, diagnostics, and other health technologies relevant for mitigating antibiotic resistance are established.



Why is this important?

The most effective responses to antibiotic resistance include improving infection prevention efforts, increasing access to diagnosis, and correct treatment of bacterial infections. A 2024 Lancet study estimated that close to 92 million deaths worldwide could be avoided by 2050 if infection prevention efforts and quality of care are improved, not least by improving access to old and new antibiotics for patients globally.

Yet lack of access to effective antibiotics persists. While inadequate access affects all countries, the problem is particularly dire in LMICs due to a multitude of reasons, for instance lack of product registration, shortages, stockouts, or unaffordable prices. Out of the 8 million deaths from bacterial sepsis every year, over 3 million are from treatable antibiotic-sensitive bacterial infections. Most of these deaths occur in LMICs. Even if some of those deaths are unavoidable for medical reasons, this number suggests that a lack of access to antibiotics is a serious problem. Similarly, a study from the Global Antibiotic Research and Development Partnership (GARDP) that compared antibiotic sales data with the number of patients with multidrug-resistant infections in eight LMICs in Asia, Africa, and Latin America found that less than 7% of patients received appropriate treatment. Meanwhile, a study by the One Health Trust estimated that global antibiotic consumption rose by 16% between 2016 and 2023, reaching an estimated 49.3 billion defined daily doses (DDDs), and is projected to increase by over 50% by 2030, potentially reaching 75.1 billion DDDs.

In addition, efforts to develop new treatments to address emerging resistance have been at a near standstill for 40 years. The World Health Organization (WHO) has conducted several analyses of the preclinical and clinical pipeline, and each time has arrived at the same conclusion: Current efforts are insufficient to keep pace with growing resistance. Not only are there **too few potential antibiotic compounds in the pipeline**, but most of those currently under development are not going to deliver the truly novel treatments that are needed to tackle the most resistant infections. Only 15 of the 90 antibiotic compounds in development qualify as “innovative” by the WHO’s standards. Recent efforts in several high-income countries to strengthen antibiotic research and development have contributed to progress but these investments still remain too scattered, too small, and not sufficiently coordinated. So far such efforts have also failed to set out fully credible pathways for how to make new innovations affordable and accessible to patients in LMICs in a timely manner. As such, truly new antibiotics that are effective against the most serious and hard-to-treat bacterial infections may not be available for up to 10–15 years.

For the coming decade, **a key strategy in tackling antibiotic resistance therefore relies on keeping existing antibiotics effective** for as long as possible. This is best achieved by reducing the overall need for them by improving infection prevention efforts, ensuring patient access to the right antibiotic at the right time, and through antibiotic stewardship practices – also beyond hospital settings.

50 million

deaths could be avoided by 2050
by improving global access to
effective antibiotics

What is ReAct's experience

ReAct sees infection prevention, access, and stewardship as equally important and indispensable elements in achieving more sustainable use of antibiotics. Through our extensive experience of collaborations with healthcare workers, community groups, and hospitals in LMICs, we have developed in-depth expertise on how to strengthen infection prevention, access, and stewardship in hospital settings and at the community level. We have worked closely with governments in both high-income countries and LMICs to develop National Action Plans (NAPs) that set out commitments to strengthen sustainable access to antibiotics, and we have advocated for governments to provide the resources necessary to achieve these goals.

ReAct has also played a leading role in the last 20 years in formulating relevant policy options across the full drug development cycle with the goal of reforming a research and development system for antibiotics that is currently in deep crisis. We advocate to accelerate the development of truly new and useful antibiotics against the most serious bacterial infections, and to ensure their universal availability and accessibility.



From top left: ReAct educates children about the microbial world and infection prevention in Latin America and Africa. A ReAct photo competition highlighting the challenges of access to appropriate antibiotics. Together with hospitals, we run ongoing stewardship projects. Photos: ReAct, Ashata Dahal.

What will ReAct do?

ReAct will **advance a whole-of-society approach to infection prevention and antibiotic stewardship**.

We will do this by co-developing new participatory models and supporting pilot initiatives on infection prevention and antibiotic stewardship. This work will take place not only within hospital settings, but also through engaging community groups, civil society organizations, healthcare professionals, and other relevant actors.

ReAct will also work with appropriate organizations and initiatives to **identify solutions that strengthen sustainable access to effective antibiotics** in all countries but in particular LMICs. We will expand our work to include crisis-affected populations, which otherwise lack sustainable access to antibiotics.

Moreover, ReAct will continue to engage governments at the local, regional, and national levels to prioritize and improve equitable access to diagnosis and effective antibiotics. ReAct will **advocate towards policy- and decision makers to reform the research and development system** in order to overcome the structural challenges that currently hamper the development of new antibiotics as well as the other health technologies needed to improve diagnosis, prevention, and treatment of hard-to-treat bacterial infections.

What do we want to see?

1. Global or regional mechanisms and policies are established to ensure antibiotics and diagnostics are available, affordable, and accessible for all, including people in LMICs and people affected by crises.

2. Participatory and co-developed “whole-of-society” engagement models that lead to improved awareness, infection prevention practices, and antibiotic stewardship are tested and at least 10 countries implement such models.

3. Governments increase investments into the development of new antibiotics, diagnostics, and other relevant health technologies to address antibiotic resistance, and they require that access to end products is equitable and affordable for all populations in need.

Food systems reform

Strategic objective 2:

Food systems transition toward sustainable practices that reduce antibiotic use, protect farmer livelihoods and ecosystems, and ensure food justice.





Why is this important?

Food production animals — both terrestrial and aquatic — as well as certain crops account for more than half of global antibiotic consumption. In 2019 over 110,000 tons of antibiotics were used globally in livestock according to the FAO. Antibiotic misuse in animals and agriculture is largely driven by improper uses to prevent diseases, and for growth promotion. These harmful practices often occur when there is a lack of proper biosecurity, misaligned economic incentives, improper farm management, lack of veterinary extension services or diagnostics, and insufficient knowledge. Even though the past decade has seen efforts in some countries and regions to reduce antibiotic use in food animals — such as in the EU, where stricter regulation has led to a 28% decrease in sales of antimicrobials between 2018 and 2022 - global livestock consumption is expected to increase by almost 30% by 2040 [to more than 140,000 tons], if current agricultural practices are not changed. Conversely, the FAO estimates that **improved animal health, management practices, and production efficiency, could lower global antibiotic use in livestock by as much as 57% - 62,000 tons - by 2040.**

Antibiotic overuse in livestock and aquaculture accelerates the development and spread of resistant bacteria across farms, waterways, soils, and wildlife. Resistant bacteria and their respective genes do not stay confined to agricultural settings; instead, they spread through food chains, trade networks, the environment, and ultimately to humans. While disease-causing pathogens are not always the same for humans and animals, resistance mechanisms can transfer between bacteria, through so-called “horizontal gene transfer.” Because of this transfer, **resistance mechanisms from bacteria that cause disease in animals can transfer to bacteria that can cause disease in humans.** This is one of the main reasons why reductions of antibiotic use in livestock and aquaculture are important from a human health perspective.

Massive antibiotic overuse in food animals is a symptom of a global food production system that has been intensified to increase yield and lower production costs, causing immense environmental damage. The existing system increases monoculture and contributes to a loss of biodiversity, while often relying on poor labor conditions, all of which undermine locally produced, affordable, and nutritious food supply. Major parts of the global food production system today rely on high-density, high-throughput production where antibiotics are used as a cheaper strategy for preventing or reducing the development and spread of bacterial infections in animals, instead of basic animal welfare practices and bio-security measures. As such, **antibiotics have become a structural crutch that upholds an unsustainable and overly intensive food production model,** instead of being used as a means to improve animal health and welfare, or human food security. As antibiotics are now increasingly losing their effect, the shortsightedness of this strategy has become evident.

The global food production industry is politically powerful. One example of its influence was the 2024 UN Political Declaration of the High-Level Meeting on AMR, where policymakers abandoned concrete targets on antibiotic reductions previously adopted by 47 governments in the 2022 Muscat Declaration, and instead opted only to “strive” for lower use by 2030.

110,000

tons of antibiotics were used globally in livestock in 2019. By comparison global human antibiotic consumption is estimated around 30,300 tonnes

What is ReAct's experience?

ReAct has longstanding experience in convening communities, civil society, and social movements across sectors through joint policy platforms and campaigns to influence political processes. One example was the cross-sectoral "From People to Leaders" Call to Action developed ahead of the 2024 UN AMR meeting, which was signed and supported by around 200 communities, movements, and civil society groups worldwide and delivered to government representatives during the UN General Assembly.

ReAct has also previously worked with civil society partners — such as consumer groups — in the US and Europe on campaigns to apply public pressure on major fast-food chains to secure commitments for them to require better antibiotics usage by their suppliers.

Over many years, ReAct, through its online freely available toolbox, has collated substantial scientific guidance, methods, and tools to support the generation of data on antibiotic consumption in food animals.

ReAct has also worked in India with small-scale farmers, as well as larger aquaculture farmers, on developing strategies and models for how to transition toward more sustainable uses of antibiotics.



From top left: The From People to Leaders-campaign, with support from across the globe: "This global campaign is the voice of us" – a whole-of-society approach. The garden as our kitchen, collaboration with culinary students, and shrimp farming. Photos: ReAct, Shutterstock.

What will ReAct do?

Efforts to reform the global food system center around movements to promote food justice; to improve the livelihoods and well-being of food producers and workers; to increase access to affordable, nutritious food for all people; to improve animal welfare; and to reduce the impacts of agriculture and livestock production on the Earth's natural systems, climate, biodiversity, water, soils, and ecosystems. Yet so far, these wider efforts to reform the global food system remain largely disconnected from efforts to reduce antibiotic use in food production.

ReAct will therefore apply a collective approach, on the assumption that collective efforts can overcome the challenge of a diminished civic space for communities and civil society to influence national and global policy discussions. ReAct will work alongside relevant social movements, as well as with agricultural communities and farmers, consumer groups, and policymakers, to **advocate for reform to food production systems**. This work will be part of broader reform efforts to adapt systems to the climate crisis, improved animal welfare, and biosecurity. In doing this work, ReAct will prioritize ensuring that this transition does not come at the expense of the livelihoods of small-scale farmers.

What do we want to see?

1. Community groups, civil society organizations, and social movements are working on food justice and food system reform across sectors, integrating calls for appropriate antibiotic use in food production systems into their work.

2. Innovative pilot projects are being developed and tested for small-scale farmers to adopt sustainable food production practices with the aims of reducing antibiotic use in food production animals, protecting the environment, and maintaining economic security.

3. The 2029 UN Political Declaration on AMR includes clear, evidence-based, and ambitious international targets to phase out the use of antibiotics in agriculture except for improving animal health and welfare.

Global governance and financing

Strategic objective 3:

Global, regional, and national governance is sustainably funded, inclusive, and strengthened through increased political will and broad societal engagement on antibiotic resistance.





Why is this important?

National and global governance of antibiotic resistance has been incrementally strengthened since 2015 when the first WHO Global Action Plan was adopted. Since then, the United Nations Environment Programme (UNEP) has joined the WHO, the Food and Agriculture Organization (FAO), and the World Organisation for Animal Health (WOAH) in coordinating the global response. Two UN-level Political Declarations on AMR (one in 2016 and one in 2024) have so far been adopted by all UN member states, and mechanisms such as the Global Leaders Group (GLG) and the Multi-Stakeholder Partnership Platform have been established to convene the international community.

Since 2015, nearly every country has introduced and updated their own NAPs on the steps needed to address antibiotic resistance effectively. Furthermore, the Multi-Partner Trust Fund was established in 2019 to mobilize funds to help countries move towards more sustainable uses of antibiotics across sectors. Over time, there has also been a recognition of the intricate connections between efforts to address antibiotic resistance and the achievement of several of the SDGs.

Despite this progress, the global governance regime remains fragile and has yet to prove whether its non-binding nature will be sufficient to reverse global trends of increasing antibiotic consumption and resistance. Efforts to secure funding for a stronger global response alongside efforts to achieve the SDGs have not been fruitful, in part because development efforts are also underfunded, and because major international health initiatives and funding agencies have not fully integrated the challenge of antibiotic resistance into their strategies. As a result, **many NAPs remain underfunded and under-resourced.**

In an era of polycrisis, where several competing crises demand attention and action, declining overseas development assistance, spiraling debt crises in LMICs, and cuts to national budgets — alongside the weakening of the UN system, civil society, and other global governance bodies — undermine the response to antibiotic resistance. Important **gains made in the governance systems for antibiotic resistance over the past 10 years could easily be lost** in this new reality.

178 countries

**have National Action Plan on AMR.
Yet only 27% report implementing it
and just 11% national funding
for its implementation**

What is ReAct's experience?

Throughout the last 20 years, ReAct has been involved in many central processes to both strengthen global governance and support the development and implementation of NAPs in several LMICs.

ReAct was the first actor to analyze and formulate the linkages between antibiotic resistance and the SDGs, and members of the ReAct network were part of the UN Inter-Agency Coordination Group established after the first UN High-Level Meeting on AMR in 2016 to draw up recommendations for the global response and its governance. During the negotiations of the 2024 High-Level Meeting,

During the negotiations of the 2024 High-Level Meeting, ReAct advocated for the inclusion of measurable targets, the establishment of the Independent Panel for Evidence for Action against AMR (IPEA), and the formalization of the international ministerial meetings on antibiotic resistance to take stock of the global re-sponse every second year, as well as making governance at all levels more inclusive of civil society and communities. All of these elements have either already been realized or are in the process of being implemented.

What will ReAct do?

ReAct will continue to engage with governments, encouraging them to sustain current efforts. **We will seek new pathways to support the implementation of NAPs**, and explore complementary avenues for countries and communities to educate and raise awareness to change behaviors and practices.

We will participate in the process of establishing the IPEA and its governance mechanisms to ensure it can fulfil its mandate, and collaborate work with community organizations, social movements, and non-governmental organizations, as partners and issue recommendations that can be implemented by these groups and networks.

ReAct will link antibiotic resistance more closely to the polycrisis through relevant global governance mechanisms, such as annual discussions on climate change or periodic meetings on financing for development and debt relief. We will also be active in national-level policy discussions aiming to account for the causes and consequences of antibiotic resistance. **ReAct will invest in preparations to effectively engage with the next UN High-Level Meeting on AMR**, to be held in 2029, to critically review progress and hold governments accountable to their commitments. We will continue to bring forward the perspectives of communities, crises-affected populations, and LMICs, and seek a core group of "champion" governments to explore the development of a more globally binding framework or agreement to address antibiotic resistance effectively over the long term.

ReAct will continue to prioritize our engagement and collaboration with community groups, professionals, and civil society actors to identify and implement local interventions that avoid reinforcing political and socioeconomic inequality. We will empower these actors to motivate decision-makers to finance a response commensurate with the scale of the challenge, and to hold governments and the private sector accountable.

Alongside broader societal mobilization, global progress on antibiotic resistance will also depend on the ability of Global South governments to mobilize both the resources and the political will to address antibiotic resistance, to counterbalance the longstanding Global North dominance of the international response. **ReAct will support the emerging collaboration between Global South governments in defining a response that more clearly reflects the specific priorities of LMICs**, while supporting champion countries in all regions where we are present to build cross-regional coalitions, to overcome the challenges of weaker UN-led multilateral cooperation. Regional political platforms may gain more prominence and influence in the coming years; ReAct will be well-positioned to engage with such platforms owing to our presence in Latin America, the Asia Pacific, Africa, and Europe.



From top left: Zambia's Parliamentary Caucus on Antimicrobial Resistance. Speaking at the 2024 UNGA High-Level Meeting on AMR calling for a strengthened global response. Regional conferences and community activities are part of ReAct's core work. Photos: ReAct.

What do we want to see?

1. National budgets in at least five LMICs earmark financing for implementation of NAPs on AMR and international financing reaches the target of mobilizing 100 million US dollars by 2030 as a minimum.

2. AMR governance structures — whether at the local, national, regional, or global level — provide communities and non-governmental organizations with an opportunity to inform the shaping of policies, budgeting, and practices.

3. Increased South–South collaboration in formulating priorities, capabilities, and needs leads to the construction of a new Global South coalition for addressing antibiotic resistance in an equitable manner.

4. A group of “champion governments” launches a process to explore a globally binding framework or agreement to address antibiotic resistance in connection with the next UN High-Level Meeting on AMR, set for 2029.

**A world free from
untreatable infections**